

**ARARAT PHARMACY**

2611 E Washington Blvd

Pasadena, CA 91107

Tel: 626-798-6789

Fax: 626-798-8376

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Tel: \_\_\_\_\_

**Rx**

PrEP Program

**TRUVADA #30**

**Sig: Take 1 tablet by mouth once daily**

Refills: \_\_\_\_\_

Physician signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_

DEA: \_\_\_\_\_

NPI: \_\_\_\_\_